

MDR Tracking Number: M5-05-0293-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 9-20-04.

In accordance with Rule 133.308 (e), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The following date(s) of service are not timely and are not eligible for this review: 9-15-03 through 9-18-03.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that traction, stimulation, manipulation, supplies, manual therapy and massage from 9-24-04 through 6-21-04 were not medically necessary. Therefore, the requestor is not entitled to a reimbursement of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 1-14-05, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

CPT code 99178 on 11-24-03 was denied as "JM" – the code or modifier billed is invalid. Per Ingenix Encoder Pro this code is not a valid code. **Recommend no reimbursement.**

CPT code 99080-73 on 12-03-03 was denied as "U" for unnecessary medical treatment, however, the TWCC-73 is a required report and is not subject to an IRO review per Rule 129.5. The Medical Review Division has jurisdiction in this matter and, therefore, recommends reimbursement. Requestor submitted relevant information to support delivery of service. **Recommend reimbursement of \$15.00.**

CPT code 97112 on 12-22-03 was denied as "G" – this procedure is considered integral to the successful completion of the comprehensive procedure. Per rule 133.304 (c) Carrier didn't specify which service this was global to. Per Rule 134.202(d), reimbursement shall be the least of the (1) MAR amount as established by this rule or, (2) the health care provider's usual and customary charge). **Recommend reimbursement of \$33.41.**

CPT code 99080-73 on 1-7-04 and 1-13-04 was denied as "TD" – The work status report was not properly completed or was submitted in excess of the filing requirements. This report was not submitted for review by the Commission. **Recommend no reimbursement.**

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees

- in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c);

plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 12-03-03 and 12-22-03 as outlined above in this dispute.

This Decision and Order is hereby issued this 11th day of February 2005.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

Enclosure: IRO decision

**IRO Medical Dispute Resolution M5 Retrospective Medical Necessity
IRO Decision Notification Letter**

Date: 12/30/2004 (Revised) (Amended 2/10/05)
Injured Employee:
MDR #: M5-05-0293-01
TWCC #:
MCMC Certification #: 5294

Requested Services: Dates of Service 09-24-2003 through 06-21-2004 Traction, Stimulation, Manipulations, Supplies, Manual Therapy, Massage, Manual Therapy.

MCMC llc (MCMC) is an Independent Review Organization (IRO) that was selected by The Texas Workers' Compensation Commission to render a recommendation regarding the medical necessity of the above requested service.

Please be advised that a MCMC Physician Advisor has determined that your request for M5 Retrospective Medical Dispute Resolution on 12/01/2004 concerning the medical necessity of the above references requested service hereby **Upholds the carrier's decision that the requested services are not medically necessary.** The decision is based on:

- *Boyd Chiropractic Centre summary of course of treatment dated 10/25/2004
- *Boyd Chiropractic clinical notes dated 09/15/2003 through 12/31/2003
- *Boyd Chiropractic clinical notes dated 01/05/2004 through 06/09/2004
- *Quadruple visual analogue scale dated 04/26/2004
- *Boyd Chiropractic Centre Exercise Log/Exercise examples dated 02/13/2004

- *Letter to TWCC from Dr. Boyd dated 02/04/2004
- *Boyd Chiropractic Centre Exercise Log/Exercise examples dated 02/11/2004
- *Re-exam orthopedic and neurologic exam dated 12/03/2003
- *Low back pain and disability questionnaire dated 01/28/2004
- *Quadruple visual analog scale dated 01/28/2004
- *Boyd health questionnaire and re-examination dated 12/03/2003
- *Quadruple Visual Analogue Scale dated 12/03/2003
- *Nerve Testing Charge List dated 11/19/2003
- *Re-exam Orthopedic and Neurologic examination dated 11/05/2003
- *Table of disputed services dated 09/15/2003 through 06/21/2004
- *Copies of explanation of benefits

The medical documentation is insufficient to establish the medical necessity for the above captioned items. Specifically, this injured individual was referred to this attending provider on or before 09/12/2003 by a previous chiropractor who was no longer going to accept workers comp patients. The injured individual first sought care under the first chiropractic provider on 06/30/2003 and treated through 08/30/2003 for a total of 17 visits. There is no documentation to reflect the initial evaluation, subsequent evaluations, response to care or objective comparative data. The injured individual presented to the office of the current chiropractic provider on 09/12/2003 and was very likely an appropriate candidate for the initiation/continuation of chiropractic management. However, there is no initial evaluation to reflect history, onset of injury, review of systems, symptomatology, or treatment plan. Furthermore, there are no significant objective exams included for review until one dated 11/05/2003. As stated above, this injured individual was a likely appropriate candidate for a trial of chiropractic care. However, it is difficult at best to ascertain the appropriateness of care without the initial evaluation or the other items listed above. The initial evaluation is an important clinical tool to decide the most appropriate course of action for a particular patient and also to provide a baseline for subjective and objective data from which to compare future examinations to ascertain if the trial of chiropractic intervention is appropriate and efficacious and if additional care could possibly be warranted. Unfortunately, this initial evaluation was either not performed or not included in the submitted clinical data. Furthermore, in specific reference to manual therapy and massage, these particular items require more intensive documentation to support medical necessity. According to the ChiroCode Deskbook, manual therapy has a time component, which must be satisfied. In addition, it must be clearly documented, that the manual therapy in addition to manipulation is in a distinct and different area than the manipulation. For massage, a time component must be satisfied and is not clearly satisfied within the provided documentation.

In regards to the information included in the documentation, exclusive of the missing initial evaluation, the first record submitted for review of more than a cursory exam including orthopedic and neurologic examination is dated 11/05/2003. In this particular exam, there are no range of motion values listed. Various orthopedic tests are listed as positive. Deep tendon reflexes and pinwheel exam were within normal limits. However, when compared with a similar exam dated 12/03/2003, it is not obvious that any progress had been made in regards to positive orthopedic tests. However, the pinwheel exam is positive and patellar deep tendon reflexes on the left were diminished. A similar exam dated 01/28/2004, reveals increasing positive orthopedic tests. Finally, a similar exam dated 04/26/2004, reveals a decreased straight leg raise to 30 degrees

when it had been as much as 55 degrees. Therefore, from an objective standpoint, it is not clearly evident that this injured individual was making progress in response to the administration of chiropractic care.

From a subjective standpoint, the first dated exam, which records specific subjective data dated 10/20/2003, reveals the injured individuals pain levels as 5/10. A subsequent exam dated 11/05/2003, reveals increased pain levels from 7/10. A serial exam dated 12/03/2003, reveals pain levels of 5/10, however with increased areas of discomfort. Serial exams dated 01/28/2004 and 04/26/2004, reveal pain levels of 8/10. Furthermore, comparative data from the quadruple visual analog scale revealed increased pain from 10/20/2003 to 11/07/2003, equal pain on 12/03/2003, increased pain on 01/28/2004, and equivocal data dated 04/26/2004. Therefore, from a subjective standpoint, it is not clearly evident that the injured individual was responding to the course of chiropractic management.

Also included in the documentation were Oswestry Disability Questionnaires dated 10/20/2003, 11/05/2003, 12/03/2003, 01/28/2004, & 04/26/2004. These comparative questionnaires reveal increased disability as reported by the patient from 32% to 40% and on to 64%. Therefore, in regards to outcome assessment tools, it is also clear that this injured individual was not adequately and positively responding to the course of chiropractic management.

The reviewing provider is a Licensed Chiropractor and certifies that no known conflict of interest exists between the reviewing chiropractor and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5).

In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent via facsimile to TWCC from the office of the IRO on this

10th day of February 2004.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____